

SINGLE-ROOM OCCUPANCY PREDEVELOPMENT

GRANT APPLICATION

The SRO Predevelopment Grant Fund is a portion of the “set a side” funding targeted specifically for the research stage of developing single-room occupancy facilities. This grant is designed to provide financial assistance in the initial stages of development. This application and subsequent award are designed to result in studies to determine the feasibility of proposals for developing SROs. The funds are available on a statewide basis.

SRO Predevelopment funds will be disbursed based on actual invoices for services performed (i.e. Architectural, Legal, Consultation environmental services, etc. - see tab F for more examples). The payment request form at the end of the application must be used when requesting funds for payment. Funds will only be disbursed with attached invoices indicating the type of services rendered or contracted. Awards are available up to \$50,000 per application.

**THIS COMPLETED PAGE SHALL SERVE AS THE APPLICATION
COVER SHEET.**

PROJECT NAME _____

PROJECT LOCATION (city or county) _____

PROJECT ADDRESS (include zip code): _____

APPLICANT NAME _____

CONTACT PERSON NAME _____

CONTACT PERSON PHONE # _____

TAB A. LOCATION CERTIFICATION

Is project located in a Qualified Census Tract (QCT), Difficult to Develop Area (DDA), or Enterprise Zone (EZ)? _____ If yes, which is applicable? _____ Include location certification in TAB A.

FUNDS REQUESTED

Predevelopment Grant Request \$ _____

10% of the award will be withheld until the complete results of the study are received by DHCD with a deadline of May 15, 2006. All the costs for work to be reimbursed must be submitted by this date including a profit and loss statement.

ACTIVITY

- ☐ New Construction
☐ Acquisition/Rehabilitation

UNITS

#Units (Total) #Accessible Units

INCOME CATEGORIES

| | Current Income Level | Number of Units |
|----------------------------|----------------------|-----------------|
| Under 30% of median income | | |
| 30-50% of median income | | |
| Other | | |

TAB B. PROJECT DESCRIPTION

Attach a detailed description of the proposed project in TAB B. Describe why these funds are needed and how the funding will impact affordability for the target population. For projects that include the provision of services describe what services will be provided, by whom and how funded.

TAB C: NEIGHBORHOOD DESCRIPTION

Provide the following Neighborhood Information (check which items are attached):

- ☐ - Neighborhood Description: Provide information on the area in which the property is located; describe the surrounding land uses (type, condition, age); note any significant improvements or deterioration of surrounding land uses; identify any unusual or undesirable land uses; detail major roadways that impact the property; identify where residents are likely to shop; identify where subject is in relation to the Central Business District, office/industrial parks, identify major employers and employment centers.
- ☐ - Neighborhood map locating site
- ☐ - Aerial photographs
- ☐ - Site and improvement photographs (close views from all sides)
- ☐ - Ingress/egress street view photographs
- ☐ - Neighborhood photographs

TAB D: SITE SUMMARY

Provide the following Site Information (check which items are attached):

- ☐ -Layout, shape, topo, unusual features, utilities, frontage, entrance sign location, size, etc.)
- ☐ -Description of utilities available to site
- ☐ -If new construction, provide letters from utility companies verifying availability
- ☐ -Current zoning information (and any proposed zoning changes)
- ☐ -Purchase Contract/Option/Deed (including Exhibits, Attachments, Descriptions)
- ☐ -Copy of any appraisals, real estate assessment documentation available

| | | |
|---|---|---|
| Road Maintenance: <input type="checkbox"/> Public <input type="checkbox"/> Private [Direct access to public road required] | Site Features: No. of parking spaces: Acreage: | Tax Parcel Identification Number: Real Estate Tax Assessments: Current tax rate: |
| Identity of Interest with Seller: <input type="checkbox"/> No <input type="checkbox"/> Yes - Explanation: | Property in Flood Plain? <input type="checkbox"/> No <input type="checkbox"/> Yes | Proposed tax rate: Current assessment: |
| Date property acquired/optioned: | Off-Site Features: <input type="checkbox"/> Parking <input type="checkbox"/> Unusual ingress/egress <input type="checkbox"/> Other (describe) | Proposed assessment: Special assessment: |
| Price paid: | Unusual Site Conditions: <input type="checkbox"/> Fill/cut <input type="checkbox"/> Rock <input type="checkbox"/> Other (describe) | Environmental Conditions: <input type="checkbox"/> Wetlands <input type="checkbox"/> Underground Storage Tank <input type="checkbox"/> Lead paint <input type="checkbox"/> Asbestos <input type="checkbox"/> High-tension wires <input type="checkbox"/> Other--list: |
| Option deposit: Option date(s): Extension provisions: | | |

TAB E: IMPROVEMENT SUMMARY

1. Description (balconies and utility rooms are not to be included in the gross or net unit area calculation).

| | |
|---|--|
| Net Rentable Unit Area: (area between interior faces of exterior and dwelling separation walls) | Project Gross Area: (sum of all building areas which include all areas within the exterior walls exclusive of vents, courts and unheated corridors and stairs) |
| Gross Unit Area: (area between exterior faces of exterior walls and center line of dwelling separation walls) | Community and Public Space: |

2. Residential Buildings:

| | | | | | | |
|---|----------------------------------|-------------------|--------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| No. of Buildings: | | | | No. of stories in buildings: | | |
| Type: | Roof: | Elevators: | Construction: | | Exterior: | |
| <input type="checkbox"/> Garden | <input type="checkbox"/> Flat | No. in bldgs: | <input type="checkbox"/> Frame | <input type="checkbox"/> Steel | <input type="checkbox"/> Wood siding | <input type="checkbox"/> Brick |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Pitched | Type: | <input type="checkbox"/> Brick | <input type="checkbox"/> Other--list | <input type="checkbox"/> Masonite | <input type="checkbox"/> Vinyl |
| <input type="checkbox"/> Other | | | <input type="checkbox"/> Block | | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Other--list |
| 3. Non-Residential Buildings: yes <input type="checkbox"/> no <input type="checkbox"/> Describe number, construction and uses of non-residential buildings on separate sheet. | | | | | | |
| 4. Commercial Space: yes <input type="checkbox"/> no <input type="checkbox"/> Describe any income-producing space or equipment not for the exclusive use of the residents on separate sheet. | | | | | | |

TAB F: APPLICATION BUDGET FOR THIS APPLICATION ONLY

| Name of Project | Date |
|--------------------------------|-------------|
| Activity | Cost |
| Feasibility Study | |
| Marketing Study | |
| Consulting Fees | |
| Preliminary Financial | |
| Environmental Assessment | |
| Legal Fees | |
| Preliminary Architectural Fees | |
| Preliminary Engineering Fees | |
| Historic Review | |
| Option on Property | |
| Boundary Survey | |
| Soil Testing | |
| Title Search | |
| Zoning/Rezoning Approval Fees | |
| Other Fees (Identify Below): | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL | |

General Notes:

- The total cost on this worksheet should match the total on the grant request.
- This list reflects common predevelopment expenses, and every project may not require all of these activities/costs. Please leave those activities for which you will not incur expenses blank.
- Identify other predevelopment activities anticipated for your project in space under “Other Fees”.

Notes Pertaining To Specific Activities Listed Above:

- Legal Fees must be reasonable and specifically related to the work required to permit and or acquire control of the property planned for development.
- Only third party Consulting Fees will be allowed.

Grant Requests are limited to a maximum of \$50,000 total per project.

Tab G: ORGANIZATIONAL INFORMATION (Provide the following Organizational Information (check the applicable items that are attached to this application)).

- ☐- Organizational history & resumes of staff
- ☐- Identify general partners, major stockholders, (include percentages owned)
- ☐- Identify partnerships or corporations acting as GPs or major stockholders (include percentages owned)
- ☐- Identify limited partners, corporate stockholders (include percentages owned)
- ☐- Identify any relationship, direct or indirect, between the Borrowing Entity and the seller of the site of the development
- ☐- Resumes on general partners, major stockholders and relevant individuals
- ☐- Two years financial statements for borrowing entity, general partners and major stockholders and year-to date statements
- ☐- Non-profits must attach 501(c)2, 501(c)3 or 501(c)4 Internal Revenue Service determination letter

COMPLETE THIS TAB ONLY IF THE STUDY RESULTS INDICATE THE PROJECT “IS FEASIBLE”, AND SUBMIT THE INFORMATION BELOW WITH THE PREDEVELOPMENT STUDY RESULTS.

TAB H: ESTIMATED PROJECT BUDGET (final estimates based on the results of the Predevelopment Study)

| Line Item | Estimated Cost |
|---|-----------------------|
| Cost of Property | |
| Cost of Rehabilitation And or Construction | |
| Development Fees | |
| Other (Arch., Legal, Etc.) | |
| Infrastructure | |
| Total Project Cost | |

PROPOSED SOURCES AND AMOUNTS OF FUNDS TO SEEK

| Source | Amount | Grant | Grants | Status | Lien Position |
|--|--------|-------|--------|--------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total should equal the above "Total Project Cost". | | | | | |

**SRO PREDEVELOPMENT GRANT FUND
REQUEST FOR REIMBURSEMENT**

(Complete one for each invoice)

Request # _____

Date of Request _____

1. Grant Recipient

| |
|----------------|
| Contract #: |
| Agency Name: |
| Federal Tax #: |

2. Vendor To Be Paid: Invoices and/ or receipts, must be attached as proof of fees charged

| |
|----------------------------|
| Company to be Paid: |
| |
| Federal Tax # (Must Have): |
| Mailing Address: |
| |
| |
| Contact Person: |
| Telephone: |

3. Amount To Be Paid To Vendor: _____

4. Where to Deduct Funds From Grant Budget

| Line Item Name | Grant Budget | Amount of grant Requested | This Request | Line Item Balance | Balance Left in Total Grant |
|----------------|--------------|---------------------------|--------------|-------------------|-----------------------------|
| | | | | | |

I certify the above work has been completed and believe the fees charged are accurate.

Signed: _____ Title: _____

DHCD USE ONLY

Cost Code: _____ Project Code: _____ Amount to be Charged: _____

Payment Request Reviewed and

Authorized By: _____ Date: _____

Voucher Reviewed and

Approved By: _____ Date: _____